

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N94 00000 5973*

1. Entity Name *Countryside of Tallahassee Homeowners Association* **FILED**

00 JUN -2 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

*431 Waverly Rd*

*Sine*

2. Principal Place of Business

*431 Waverly Rd*

3. Mailing Address

Suite, Apt. #, etc. *Sine*

City & State

*Tallahassee FL*

City & State

**REINSTATEMENT** *CG-00*

4. FEI Number

*59 3282457*

Applied For  
Not Applicable

Zip

*32312*

Country

*USA*

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *Don Lee Isaacs*

Street Address (P.O. Box Number is Not Acceptable)

*431 Waverly Rd*

City

*Tallahassee*

FL

Zip Code

*32312*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/6/2000*

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *PD*  
NAME *Mark McElroy*  
STREET ADDRESS *5729 Countryside Drive*  
CITY-ST-ZIP *Tallahassee FL 32311*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE *DVP*  
NAME *Van P. Spaulding*  
STREET ADDRESS *5769 Countryside*  
CITY-ST-ZIP *Tallahassee FL 32311* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE *DS*  
NAME *Dennis Sutton*  
STREET ADDRESS *5736 Emma Lane*  
CITY-ST-ZIP *Tall FL 32311* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE *DS*  
NAME *Chris Pantaleon*  
STREET ADDRESS *5670 Emma Lane*  
CITY-ST-ZIP *Tall FL 32311* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE *D*  
NAME *Herb Pantaleon*  
STREET ADDRESS *5742 Countryside Dr*  
CITY-ST-ZIP *TALL FL 32311* ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark W. McElroy* *Mark W. McElroy*

*5/8/00*

*921-2469*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)